

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: HIDODO Ending Date: 12/31 2020							
Type of Report: (Check one)							
☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution							
Committee to Eleck Kathleen Feldman Candidate Full Name (if applicable) Bevery City Carnell-Wards Office Shught and District OSome Set As C. Bevery OPIS Residential Address E-mail: Kfeldman & bevery maggy Phone # (optional):							
SUMMARY BALANCE INFORMATION:							
> Line 1: Ending Balance from previous report \$ 920,28							
Time 2: Total receipts this period (page 3, line 11)							
Sine 3 Subtotal (line 1 plus line 2)							
Line 45 Total expenditures this period (page 5, line 14)							
Line Ending Balance (line 3 minus line 4)							
Line 6: Total in-kind contributions this period (page 6)							
Line 7: Total (all) outstanding liabilities (page 7)							
Line 8: Name of bank(s) used: North Share bank							
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date:							
FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)							
Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.							
Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.							
Signed under the penalties of perjury: Date: 1/16/2021							

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)			
4/1/20	Melissa more 24 Putnam Rd. Beverly OFIIS	0014				
12/1/20	Dawn-marie Driscoll 2104 West First St. #1401	\$250	Retired			
13/1/20	DIOY West First St. #1401 Fort Myers, FL 33701 Georgina Keufe Feldman Wartoul #711, Bevely	\$400	Retired			
Name of the state						
Line 9: Total Receipts over \$50 (or listed above)						
Line 10: Total Rec	eipts \$50 and under* (not listed above)					
1	RECEIPTS IN THE PERIOD	Enter on page 1, line 2				
* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.						

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

report all expend	litures. Please include your commi	tice name and a page number on	P. P			
	To Whom Paid	A .d.d	Purpose of Expenditure	Amount		
Date Paid	(alphabetical listing)	Address	Taihose of Exheunture	Imount		
4/14	Dunkin Donuto		GCardo-For 3chool Food Services	\$60		
8/28	CityobBeverly		HRC - Concert Sponsor	\$50		
9/10	Bury HyhSchool		Back to school fundraiser	\$100		
			7			
Line 12: Total Expenditures over \$50 (or listed above)						
Line 13: Total Expenditures \$50 and under* (not listed above)						
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD * If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized						

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

Page 4

Welcome to Dunkin' Donuts Store #304516 41 Enon St, Beverly 4/14/2020 11:39:13 AM Drive-Thru Order: Register:5 Tran Seq No: 4697958 Cashier: JAQUAN D. **:**SALE**** OD/BR Card Activate
OD/BR Card Otivate 10.00 DD/BR Card Activate
DD/BR Card Activate
DD/BR Card Activate
DD/BR Card Activate 10.00 10.00 10.00 10.00 1 DD/DR Card Activate 10.00 Sub. Total: \$60.00 Tax: \$0.00 \$60.00 Total: Discount Total: \$0.00 Change

\$0.00

\$60.00

VISA

Card Num : **********4638

Terminal ; 5

Visa:

Approval : 070960 AID : A0000000031010 IVR : 0080001000

IAD: 06010A03A0A006

TSI : E800 AR : Z3 TC : E028C8

USD\$ 60.00

I agree to pay the above Total Amount according to Card Issuer Agreement.

Signature:

Earn Free Drinks with the DD Perks Program. Download the Dunkin' App a d enroll today!

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FICEIVE A FREE CLASSIC DUNUT on your next visit when you purchase a Medium or - rger Bever Survey code:

Enter (idation Code:

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Visit unkinNation on for product

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COMMITTEE TO ELECT KATHLEEN FELDMAN
20 SOMERSET AVE
BEVERLY, MA 01915

DATE \$ 38/3000

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